

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lung</i>		9/2/00
O.J.P.E. CLASSIFIER		48	9/2/00
FORMALITY REVIEW	S.S.	69134	11-5-00
RESPONSE FORMALITY REVIEW			

9/06/11.58

INDEX OF CLAIMS

✓ ----- Rejected N ----- Non-elected
 u ----- Allowed I ----- Interference
 - (Through numeral) ----- Canceled A ----- Appeal
 + ----- Restricted O ----- Objected

Claim	Date	Claim	Date	Claim	Date
1		1		101	
2		2		102	
3		3		103	
4		4		104	
5		5		105	
6		6		106	
7		7		107	
8		8		108	
9		9		109	
10		10		110	
11		11		111	
12		12		112	
13		13		113	
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18		18		118	
19		19		119	
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26		26		126	
27		27		127	
28		28		128	
29		29		129	
30		30		130	
31		31		131	
32		32		132	
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34		34		134	
35		35		135	
36		36		136	
37		37		137	
38		38		138	
39		39		139	
40		40		140	
41		41		141	
42		42		142	
43		43		143	
44		44		144	
45		45		145	
46		46		146	
47		47		147	
48		48		148	
49		49		149	
50		50		150	

If more than 150 claims or 10 actions
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